

**Know Your Client (KYC)
Application Form
(For Non- Individuals Only)**



Application Number: _____

Application Type*: New KYC Modification KYC

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYCalso

1. Entity Details (please refer guidelines)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Date of Incorporation* _____ Place of Incorporation* _____

Date of Commencement* _____ Registration Number* _____

Entity Type* Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership
Please Tick (✓) Trust/Charity/NGO HUF FPI Category I FPI Category II
 AOP Bank Government Body Defence Establishment
 Body of Individuals Society LLP
 Non-Government Organization
 Others _____

2. Proof of Identity⁺ (please refer the guidelines)

- Officially Valid Document(s) in respect of person authorized to transact
- Certificate of Incorporation/Formation _____ Registration Certificate _____
- Memorandum of Articles and Association Partnership Deed Trust Deed
- Board Resolution Power of attorney granted to its manager, officer, employees to transact on its behalf
- Activity Proof -1⁺ (For Sole Proprietorship Only) Activity Proof -2⁺ (For Sole Proprietorship Only)

3. Address Details* (please refer the guidelines)

A. Registered Address*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Applicant Signature

Proof of Address* (attested copy of any one POA to be submitted—*Not more than 3 months old)

- | | | |
|---|--|---|
| <input type="checkbox"/> Certificate of Incorporation/Formation | <input type="checkbox"/> Registration Certificate | <input type="checkbox"/> Other document _____ |
| <input type="checkbox"/> Latest Telephone Bill* (Landline only) | <input type="checkbox"/> Latest Electricity Bill* | <input type="checkbox"/> Latest Bank Account Statement* |
| <input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises | Validity/Expiry Date of POA (Expiry Date) _____ | |
| <input type="checkbox"/> Any other proof of address document (as listed overleaf) _____ | | |

4. Contact Details

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____

5. Annexures Submitted

Number of Related Persons -

6. Remarks / Additional Information

7. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ ____ ____ (DDMM-YYYY)
PLACE: _____

Applicant Digital Signature (DSC)

Applicant Wet Signature

8. For Office Use Only

KYC carried out by*

KYC Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Intermediary Details*

Self certified document copies received (Originals Verified)

True Copies of documents received (Attested)

AMC / Intermediary Name OR Code:

Employee Signature and Stamp

Employee Signature and Stamp

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ANNEXURE

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN and Aadhaar	Name	DIN (For Directors)/ UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

Note: In case of any correction in the form - Sign next to the correction done & Sign has to match the original signature

To,
Angel One Ltd.

With regard to Beneficiary account no. (BO ID)_____ And Trading Account_____ maintained in the name & style "_____" with DP /Trading (Angel One Ltd.)

We the following family members, being the co-parceners in the HUF account M/s _____ do hereby give our consent that the said Karta, viz_____ would operate above mentioned BO ID /Trading account as far as shares transactions of the HUF account is concerned.

We further declare and authorize you to recognize the beneficiary account No. _____ with depository _____ opened in the name of the undersigned who is the Karta of the HUF for the purpose of completing the share transfer obligations pursuant to the trading operations. I agree and understand that this is to facilitate the operation of the above trading account. The transfer made by you to the beneficiary account shall be complete discharge of obligations by you in respect of trades executed in the above trading account.

Details of our HUF and all its co-parceners are stated as mentioned below:

Sr.No	Name of Family Member	Date of Birth (DD MM YYYY)	Gender	Relationship with Karta	Signature

* In case of Minor- Karta will sign the declaration

I, hereby state that details mentioned above are true and any change in them would be intimated to you in writing.

Title of HUF/ Karta _____

Signature of Karta

(HUF Rubber stamp)



ADD_DOCS